

C1 8605	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>A516057</u>
ST/CO USE ONLY DATE Received MM <u>05</u> DD <u>11</u> YY <u>2007</u>	DATE WELL COMPLETED MM <u>03</u> DD <u>02</u> YY <u>2007</u>	Depth of Well 22 <u>200</u> 26 <u>10/1/07</u> (TO NEAREST FOOT) <u>O.K. RB</u>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-95-0659</u>
8	15	20	28 29 30 31 32 33 34 35 36 37

OWNER <u>Bentley</u>	first name	TOWN <u>Woodbine</u>
STREET OR RFD <u>Sweetbay St.</u>		
SUBDIVISION <u>Belle Haven Est.</u>	SECTION	LOT <u>5</u>

WELL LOG Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing
Overburden	0 15	
Soft Brown Shale	15 28	
Hard Brown Shale	28 50	
Gray Rock	50 200	x
water at 147'		

GROUTING RECORD			
WELL HAS BEEN GROUTED (Circle Appropriate Box) <u>Y</u> <u>N</u>			
TYPE OF GROUTING MATERIAL (Circle one)			
CEMENT <u>CM</u>	BENTONITE CLAY <u>BC</u>		
NO. OF BAGS <u>18</u>	NO. OF POUNDS <u>1800</u>		
GALLONS OF WATER <u>108</u>			
DEPTH OF GROUT SEAL (to nearest foot)			
from <u>48</u> TOP <u>52</u> ft. to <u>54</u> BOTTOM <u>58</u> ft.			
(enter 0 if from surface)			
CASING RECORD			
casing types insert appropriate code below	<u>ST</u> STEEL	<u>CO</u> CONCRETE	
	<u>PL</u> PLASTIC	<u>OT</u> OTHER	
MAIN CASING TYPE <u>PL</u>	Nominal diameter top (main) casing (nearest inch) <u>6.58</u>	Total depth of main casing (nearest foot) <u>58</u>	
OTHER CASING (if used)			
EACH CASING diameter depth (feet) from to			
SCREEN RECORD			
screen type or open hole insert appropriate code below	<u>ST</u> STEEL	<u>BR</u> BRASS BRONZE	<u>HO</u> OPEN HOLE
	<u>PL</u> PLASTIC	<u>OT</u> OTHER	

C3	PUMPING TEST	
1 2	HOURS PUMPED (nearest hour) <u>3</u>	
	PUMPING RATE (gal. per min.) <u>15.00</u>	
	METHOD USED TO MEASURE PUMPING RATE <u>submersible</u>	
	WATER LEVEL (distance from land surface)	
	BEFORE PUMPING <u>35</u> ft.	
	WHEN PUMPING <u>154</u> ft.	
	TYPE OF PUMP USED (for test)	
<u>A</u> air	<u>P</u> piston	<u>T</u> turbine
<u>C</u> centrifugal	<u>R</u> rotary	<u>O</u> other (describe below)
<u>J</u> jet	<u>S</u> submersible	

NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>
WELL HYDROFRACTURED <u>Y</u> <u>N</u>
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
DRILLERS LIC. NO. <u>MS D 162</u>
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. <u>AW 766</u>
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2	DEPTH (nearest ft.)
1 2	<u>HO</u> <u>58</u> <u>200</u>
E 1 8 9 11 15 17 21	
A 2 23 24 26 30 32 36	
C 3 38 39 41 45 47 51	
S R	
E E	
N	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN	(NEAREST INCH)
<u>58</u>	<u>60</u>
from to	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	<u>68</u>
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	W Q
70 72	74 75 76
TELESCOPE CASING	LOG INDICATOR
	OTHER DATA

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) <u>YES</u> <u>NO</u>
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 <u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u>
PUMP HORSE POWER <u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)
<u>+</u> above } LAND SURFACE
<u>-</u> below } (nearest foot)
LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
well is located in the center of the well area.

B 1	9155	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526193 please type	STATE PERMIT NUMBER <u>HO - 95 - 0659</u> fill in this form completely
Date Received (APA) <u>11/19/07</u>		OWNER INFORMATION		
8 MM DD YY 13				
Grayson Homes				
15	Last Name	Owner	First Name	34
9025 Chevrolet Drive				
36	Street or RFD			55
Ellicott City MD 21043				
57	Town	70	State	72 Zip 76
DRILLER INFORMATION				
Michael D. Isom		MSD 162		
Driller's Name		76	License No.	81
G. Edgar Harr Sons' Corp.				
Firm Name				
12047 Falls Road, Cockeysville 21030				
Address				
Signature Date 12/26/06				
B 2		WELL INFORMATION		
1	2	APPROX. PUMPING RATE (GAL. PER MIN.) 5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750		8	12	
14		20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
22	<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING			
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL 300 FEET		24 28		
APPROXIMATE DIAMETER OF WELL 6		NEAREST INCH		
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN				
30	AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)			
37	CABLE REVERSE-ROTary DRIVE-POINT			
other				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
39	<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS			
<input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER HO 2007G000				
PERMIT No. HO - 95 - 0659				
70 71 72 73 74 75 76 77 78 79				
LOCATION OF WELL				
Howard				
8 COUNTY 21				
Belle Haven Est				
23 SUBDIVISION 42				
SECTION 44 46		LOT 5 48 50		
Woodbine				
52 NEAREST TOWN 71				
MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78				
B 4		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
1 2				
Union Chapel Road		11 NEAR WHAT ROAD 30		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
34 200 37		DISTANCE FROM ROAD ENTER FT OR MI 38 39		
TAX MAP: 14		BLK: 20 PARCEL 66		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
Howard (13) A 516057				
COUNTY NAME COUNTY NO.				
STATE SIGNATURE INSERT S 41				
DATE ISSUED 2/21/07				
43 MM DD YY 48		CO SIGNATURE EXP. DATE 2/21/08		
NORTH GRID 530 000 55		EAST GRID 0785 000 63		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. well				
2.				
3.				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E 7845				
N 530				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
SPECIAL CONDITIONS				
Drill wells per Preliminary Plan P-06-03 signed				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: BEN LOUI PLUMBING Telephone #: 301 428 3900
Address: 23407 FREDERICK RD
CLARKSBURG, MD, 20871

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS BLAIN License# 10610

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: _____ Telephone #: _____
Subdivision: BELLE HEAVEN Lot #: 05 Well Tag #: HO - _____
Site Address: 15335 SWEETBAY ST
WOODBINE, MD, 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Gould</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>70507422C</u>	Model#: <u>B-102</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity _____ GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: _____ GPM	NSF/WSC approved: <u>✓</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>295'</u> (feet)		Conduit secured to well cap: <u>✓</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>✓</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" pep poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>50'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>✓</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not outside of well cap/casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: Belle Haven Est. Lot #: 5 Well Tag #: HO-95-0659
Site Address: 15395 Smedley St

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____

Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 1/14/13 Date Insp. Approved: 1/15/13 Inspector: (RW)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓

Two piece cap installed and attached to casing securely ✓

Elec. conduit extends at least 18" below grade/attached to cap properly ✓

Safety rope not outside of well cap/casing ✓

Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓

1/14/13 (RW)
No show @
house.
under Footer



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2640
TDD (410) 313-2323 Toll Free 1-866-313-2640
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:
 Bell Haven Estates Lots 1-46 Union Chapel Road
 Subdivision/Property Name Lot# Road Name

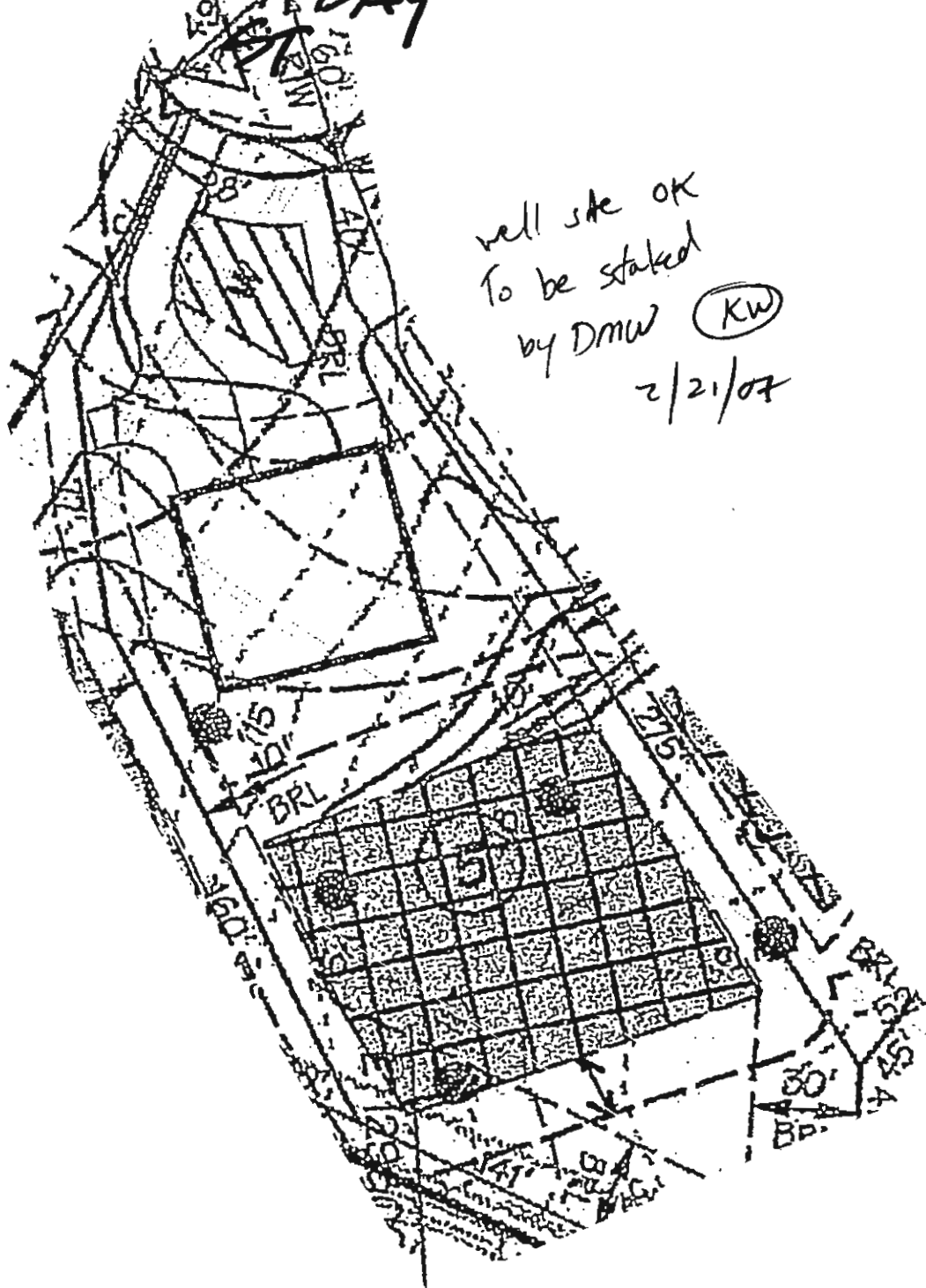
☒ The well site has been staked by DMW, Inc 410-296-3333
 (professional land surveyor or company employing professional land surveyors)
 on 12/29/06 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

SWEETBAY



BELLE HAVEN ESTATES

LOT 5.

DMW

Daft-McCune-Walker, Inc.

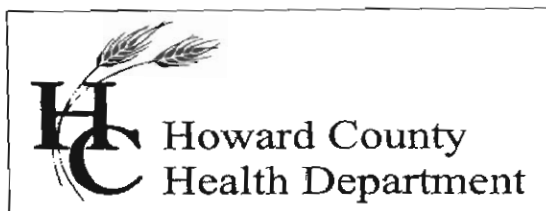
200 East Pennsylvania Avenue
Towson, Maryland 21286
(410) 296-3333
Fax 296-4705

A Team of Land Planners,
Landscape Architects,
Engineers, Surveyors &
Environmental Professionals

Job No. 01067 Scale: 1"=50' Date: 12/26/06 Drawn By: MDT

N:\01067\01067\Lot Wells\FINAL\Lot05.dgn

Tue Feb 13 10:25:41 2007



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – October 8, 2013

April 8, 2013

Homeowner
15335 Sweetbay Street
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 5
15335 Sweetbay Street
Building Permit: B12003075
Well Permit: HO-95-0659**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/5/2013**. Final approval of the well line connection to the dwelling was granted on **1/15/2013**. The well construction was completed on **3/2/2007**. Water samples were collected on **3/27/2013**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0659. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

**CATOCTIN LABS, INC.**

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: Ben Lewis Plumbing
15335 Sweetbay Street
Woodbine, MD 21797

Date: March 27, 2013
Time: 09:15
Type: 0

County: Howard
Source: Lavatory Faucet
Well No: HO-95-0659
Bottle No: 11PA

Residual Cl: 0.00
Iced: Yes
pH: 6.9
EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability

Treatment: Raw

Collector: Chris Blair

State Certification No: 1430CB

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 9:50 3/27/2013

Examined: 09:50 03/27, 03/28

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
P/A Coliform	SM 9223	Absent	Absent ✓
P/A E. coli	SM 9223	Absent	Absent ✓
Nitrate	EPA 353.2	10.0 mg/L Maximum	1.8 mg/L ✓
Sand	SM 2540 F	No Trace	0.0 ✓
Turbidity	SM 2130 B	5.0 NTU Max 10.0 COMAR	0.31 NTU ✓

Bacteriological analysis of this sample, on this specified date, indicates the water is **SAFE**
for human consumption, according to APHA/EPA Standards.

Analyst Robt Hanes

Date: March 28, 2013

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

Results OK
4/8/13 LHS